

**California Assistive Technology Exchange (CATE)
AT Reutilization – Devices Exchange Activities Form**

Transaction #: _____
(To Be Completed by CBO Staff Only)

Objectives:

- Post the available devices on the "Items Available List"
- Post the needed devices on the "Items Needed List"
- Record information of sellers/donors, buyers/receivers, and equipments
- Provide contact information to the participants of a transaction (case of matched device)

For CATE Use Only
____ Data Needed
____ Data Complete
____ NISAT Data Entered

CBO Identification

(To Be Completed by CBO Staff Only)

<input type="checkbox"/> ATEC	<input type="checkbox"/> CCATC	<input type="checkbox"/> KATC	<input type="checkbox"/> UCP	Staff: _____
<input type="checkbox"/> CALIF	<input type="checkbox"/> FREED	<input type="checkbox"/> SVILC	<input type="checkbox"/> RS	First Name Last Name
<input type="checkbox"/> CART	<input type="checkbox"/> HRC	<input type="checkbox"/> TCILC	<input type="checkbox"/> CRIL	<input type="checkbox"/> ILSNC

Contact Information of Participant

Today's Date: ____/____/____
MM DD YYYY

Last Name: _____ First Name: _____ Middle Initial: _____

Organization (if applicable): _____

Participant Address Information: (Check Only One Box)

☐ Home Address ☐ Work Address

Street Address: _____
Street Number Street Name Apt #/Suite #

City: _____ State: _____ Zip Code: _____

County: _____ Home/Work/Cell Phone: _____ Pager/Fax: _____
(Circle One) xxx-xxx-xxxx (Circle One) xxx-xxx-xxxx

Email: _____

Login Information

Username: _____

Password: (leave blank on this form, consumer must keep this information)

Type of Posting: (Check Only One Box)

☐ Items Available List ☐ Items Needed List

Device Information Exchanged by End User

Item Name: _____

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Photograph included: (Check Only One Box)

☐ Yes

☐ No

Type of Device: (Check Only One Box)

☐ Vision

☐ Hearing

☐ Speech Communication

☐ Learning, Cognition, and Developmental

☐ Mobility, Seating and Positioning

☐ Daily Living

☐ Environmental Adaptations

☐ Vehicle Modification and Transportation

☐ Computers and Related

☐ Recreation, Sports, and Leisure

☐ Other (Specify): _____

Are devices in this category included in this program(s)? (Check Only One Box)

☐ Yes

☐ No

Total Estimated Current Price for Which Device was Acquired: (Check Only One Box and Fill in Provided Line)

☐ Use Manufacturer's Suggested Retail Price (MSRP) → _____

☐ Value of a Comparable Device → _____

☐ Is Zero, if device was given away

Price for Which Devices were Sold: (Check Only One Box and Fill in Provided Line)

☐ Use Manufacturer's Suggested Retail Price (MSRP) → _____

☐ Is Zero, if device was given away